

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 - 1 - 0 - 2 - 7

2. STATE:

Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE Att. 4.16-A, 18.3,  
Supp. 1 to attach 3.1 A & B, 12=10/1/01  
Attach. 4.19-B, 20.41= 10/22/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Social Security Act, 1915(g)(1)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to attach. 3.1-A, p12  
Supplement 1 to attach. 3.1-B, 12  
Supplement 1 to attach. 4.16-A, 18.3  
Attachment 4.19-B, page 20.41

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 1.0 million

b. FFY 2003 \$ 1.2 million

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Supplement 1 to attach. 3.1-A, 12  
Supplement 1 to attach. 3.1-B, 12  
Supplement 1 to attach. 4.16-A, 18.3  
Attach 4.19-B, 20.41

10. SUBJECT OF AMENDMENT:

Kentucky Early Intervention Program (First Steps)

Targeted case management and diagnostic, preventive and rehabilitative early  
intervention services provided through a Title V agreement

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Review delegated  
to Commissioner, Department for  
Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Robinson

14. TITLE:

Commissioner

15. DATE SUBMITTED:

12/21/2001

16. RETURN TO:

XXXXXXXXX Jesse Williams  
Division of Financial Management  
275 East Main Street, 6W-C  
Frankfort, KY 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 21, 2001

18. DATE APPROVED:

February 6, 2002

PLAN APPROVED: ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/01 and 10/22/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE:

Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

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- (11) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services); and
  - (12) Facilitating and coordinating development of the child's transition plan.

E. Qualifications of Providers:

As provided for in Section 1915 (g)(1) of the Social Security Act, qualified providers shall be the Title V agencies and their subcontractors who meet the following Medicaid criteria in order to ensure that case managers for the children with developmental disabilities target group are capable of ensuring that such individuals receive needed services:

- 1. Demonstrated capacity to provide all core elements of case management including:
  - a) assessment;
  - b) care/ services plan development;
  - c) linking/ coordination of services; and
  - d) reassessment/ follow-up
- 2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
- 3. Demonstrated experience with targeted population;
- 4. An administrative capacity to insure quality of services in accordance with state and federal requirements; and
- 5. A financial management system that provides documentation of services and costs.

- (11) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services); and
- (12) Facilitating and coordinating development of the child's transition plan.

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- 3. Demonstrated experience with targeted population;
- 4. An administrative capacity to insure quality of services in accordance with state and federal requirements; and
- 5. A financial management system that provides documentation of services and costs.

9. The interagency agreements with the Commission for Children with Special Health Care Needs and the Department for Public Health provide for targeted case management, and diagnostic, preventive, and rehabilitative early intervention services for Medicaid eligible recipients participating in the Kentucky Early Intervention Program for infants and toddlers, and fulfills the requirements of 42 CFR 431-615.
10. The Title V interagency agreement with the Department for Public Health provides for targeted case management to first time parenting pregnant women and their infants and toddlers up to three (3) years of age. Eligible recipients are those women and their infants that screen positive on the screening tool adopted for use in the Health Access Nurturing Development Services (HANDS) program.

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XXIII. Targeted Case Management and Diagnostic, Preventive and Rehabilitative Early Intervention Services for children eligible for the Early Intervention program provided through a Title V agreement.

This payment system is for all providers, including those providing services under the Title V agreement described in Supplement 1 to Attachment 4.16-A, Item #10.

All costs shall be determined based on the methodology outlined in OMB Circular A-87. Payments for case management, diagnostic, rehabilitative, and preventive early intervention services shall be made in accordance with a fee schedule established by the Title V agency. Interim payments shall be based on the direct cost of providing the service. Payments for overhead and administrative costs associated with providing the service shall be determined with a settlement to cost at the end of the fiscal year. Providers will submit cost reports no later than 180 days after the end of the state fiscal year.



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## MEMORANDUM

**Date:** February 6, 2002  
**From:** Associate Regional Administrator, CMS, DMSO, Region IV, Atlanta, GA  
**Subject:** Kentucky Title XIX State Plan Amendment, Transmittal #01-27  
**To:** Elliott Weisman, CMS, CMSO, Baltimore, MD

A copy of the subject plan amendment is forwarded for your information.

The effective dates of this amendment are: October 1, 2001 and October 22, 2001.

  
Eugene A. Grasser

Attachments